

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # H39288**1. Entity Name
THE CONNECTION, A TELEMARKETING COMPANY

Principal Place of Business 677 GEORGE KING BLVD., STE 109 CAPE CANAVERAL FL 32920	Mailing Address 677 GEORGE KING BLVD., STE 109 CAPE CANAVERAL FL 32920
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2. Principal Place of Business 677 DAVE NISBET DRIVE	3. Mailing Address 677 DAVE NISBET DRIVE
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Suite, Apt. #, etc. SUITE 109	Suite, Apt. #, etc. SUITE 109
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City & State CAPE CANAVERAL FL	City & State CAPE CANAVERAL FL
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Zip 32920	Country	Zip 32920	Country
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4. FEI Number 59-2540866	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KINAST JOHN L**
677 GEORGE KING BLVD. #109

CAPE CANAVERAL FL 32920**7. Name and Address of New Registered Agent**Name
ORENSTEIN BRIAN P
Street Address (P.O. Box Number is Not Acceptable)
677 DAVE NISBET DRIVE

SUITE 109
City
CAPE CANAVERAL FL Zip Code
32920

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **BRIAN P. ORENSTEIN****01/18/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	<input type="checkbox"/> Delete
NAME	MACDONALD GEORGE	
STREET ADDRESS	677 GEORGE KING BLVD.	
CITY-ST-ZIP	CAPE CANAVERAL FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	ORENSTEIN, MORTON B.	
STREET ADDRESS	677 GEORGE KING BLVD.	
CITY-ST-ZIP	CAPE CANAVERAL FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD GEORGE	
STREET ADDRESS	677 DAVE NISBET DRIVE, SUITE 109	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORENSTEIN MORTON B	
STREET ADDRESS	677 DAVE NISBET DRIVE, SUITE 109	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE MACDONALD**ST****01/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)